

Iowa Department of Human Services

Terry E. Branstad Governor Kim Reynolds Lt. Governor Charles M. Palmer Director

9/21/15

Tara Whitson 16420 2028 N 4th AVE E Newton, IA 50208

Dear Child Care Provider,

Home. Iowa Code Chap	to the 9/18/15 compliance chec ster 237A and 441 lowa Adminis be met by a Registered Child E ne of my visit:	strative Code, Chapter 110	, describes specific
in the child develop on field trips. The ki shall be stored in ar	"c" A first-aid kit shall be availa ment home, in the outdoor pla t shall be sufficient to address in area inaccessible to children. I c cleaning materials, disposable ses and tweezers.	y area, in vehicles used to first aid related to minor in The kit shall, at a minimum	transport children, and jury or trauma and , include adhesive
authorization. Each direction. Both non directions intact and when refrigeration is contamination of foto children. Any me the name of the me	"d" Medications shall be given prescribed medication shall be prescription and prescription m d labeled with the child's name is required, shall be stored in a od or other medications. All medication administered to a child dication, the date and time of a time and dosage of all medicat	accompanied by a physicial accompanied by a physicial dedications shall be in the containing accordance of the containing accordance	an's or pharmacist's original container with tored properly and, er so as to prevent to they are inaccessible e record shall indicate tount given
approved smoke de detector shall be inseach smoke detector Need to place one a 441 IAC 110.5(1)	"n" The home shall have at lead tector in each child-occupied restalled according to manufacture monthly and keep a record of top of basement stairs. "u" The provider shall have wron of children due to illness an	oom and at the top of ever rer's recommendations. Th f testing for inspection pur itten policies regarding the	y stairway. Each smoke e provider shall test poses e care of mildly ill
441 IAC 110.5(2) household . Accepta	"a" A physician's examination able physical examinations shal	report for the provider an I be documented on Form	d all members of the 470-5152, Child Care

communicable diseases; a discussion of recommended vaccinations; completed no more than six

months prior to initial registration; completed by a licensed medical doctor, doctor of osteopathy, physician assistant or advanced registered nurse practitioner; and repeated at least every three years.

Provider needs updated physical. Use form 470-5152

Non-compliance with any of the mandated regulatory requirements listed above may lead to the cancellation or revocation of your Child Development Home Registration. Please take whatever steps are necessary to completely address each of the violations noted above. It is essential you correct all above-mentioned violations.

Based on the items out of compliance listed above, a recheck or follow up visit to your home is not necessary. However, it is essential you provide documentation to the Department that certifies you have corrected each of the identified regulatory violations and are now in complete compliance with all Departmental regulatory mandates. Please check mark each of the boxes listed above when the necessary corrections have been completed. By doing so, you certify that you have completed all of the mandated regulatory requirements contained within each identified section.

I certify that I have taken all of the steps necessary to correct each of the identified violations noted above and am now in complete compliance with all of the Departmental mandated regulatory rules.

Please sign and date below, and return this form in the provided envelope by: 10/31/15

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Signature	Date

Please do not hesitate to contact me at DHS at **641 684 3937** if you have any questions regarding this letter.

Sincerely,

Lori Anderson Social Worker II

(aren Andrew

Social Work Supervisor

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Always Remember:

Child Care Resource and Referral is an excellent resource for providers to access training options and support in your area. You can reach Child Care Resource and Referral: Brenda O'Halloran (641) 820-1923 bohalloran@orchardplace.org .

As you plan your future trainings to meet your 24 hours of training requirement, please remember that you need to use only DHS approved training and only 12 hours can be by self-study. You can access the approved training by going to http://www.dhs.state.ia.us/Consumers/Child_Care/Professional_Development.html and you can sign up for training at https://ccmis.dhs.state.ia.us/trainingregistry/

All providers need to maintain compliance with rules set out in Iowa Administrative Code, Chapter 110, which includes: 441 IAC 110.5(1): Check with the appropriate authorities to determine how the following local, state, or federal laws apply to you: • Zoning code • Building code • Fire code • Business license • State and federal income tax • Unemployment insurance • Worker's Compensation • Minimum wage and hour requirements • OSHA • Americans with Disabilities Act (ADA).